PREVENTIVE MAINTENANCE RECORD

County	nitument Location BAT MABEL INTOX
Instrument S	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869

Test Record Number: 657

Test Date: 01/06/2012

Test Time: 10:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:34pm
FLO	Pass	10:34pm
FC	Pass	10:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:34pm
SRC	Pass	10:34pm
DET	Pass	10:34pm
BAR	Pass	10:34pm
BT	Pass	10:34pm

Blank Tests

Test	Status	Time
AIR	Pass	10:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:35pm

CRC Tests

Test	Status	Time
COMP	Pass	10:35pm
CAL	Pass	10:35pm

Preventive Maintenance Status: Pass

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008869 Test Date: 01/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	10:25pm 10:26pm
ACCY CHK	.08	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
ATR RIK	0.0	10.32rm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

prov.	INTOXIMETERS, MODEL INTOX EC/IR II
County C	olumbus Instrument Location BAT Mobile Unit
Instrument Se	erial No. 008939 Colambus Co. S.O.
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3,	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures we Department o	on the day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939

Test Record Number: 697

Test Date: 01/06/2012

Test Time: 10:32pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:33pm
FLO	Pass	10:33pm
FC	Pass	10:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:33pm
SRC	Pass	10:33pm
DET	Pass	10:33pm
BAR	Pass	10:33pm
BT	Pass	10:33pm

Blank Tests

Test	Status	Time
AIR	Pass	10:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:34pm

Preventive Maintenance Status: Pass

Pass

10:34pm

CAL

K.C. Moch

COLUMBUS COUNTY BAT MOBILE UNIT 6 230

Serial Number: 008939 Test Date: 01/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
AIR BLK ACCY CHK	Pass .00 .08	10:24pm 10:25pm 10:25pm
AIR BLK	.00	10:26pm
SUB TEST	.00	10:27pm
AIR BLK	.00	10:28pm
SUB TEST	.00	10:29pm
AIR BLK	.00	10:30pm

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A.	INTOXIMETERS, MODEL INTOX EC/IR II
County_//	entransver Instrument Location BAT Wobileunith
Instrument Se	erial No. 008939 Instrument Location BAT Wobile Units
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposedures we Department of	on the day of
STATE STATE OF THE	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008939

Test Record Number: 701

Test Date: 01/07/2012

Test Time: 5:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

Blank Tests

Test	Status	Time
AIR	Pass	5:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:43pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:43pm 5:43pm

Preventive Maintenance Status: Pass

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008939 Test Date: 01/07/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
: t.		
DIAG .	Pass	5:34pm
AIR BLK	.00	5:35pm
ACCY CHK	.08	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:40pm
AIR BLK	.00	5:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	, INTOXIMETERS, MODEL INTOX EC/IR II
County_	and Henrover Instrument Location SAT Mobile Unith
Instrument Se	erial No. 008898 New Herrover 5.0.
4	
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008898 Test Date: 01/07/2012 Test Record Number: 633
Test Time: 5:41pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:41pm
FLO	Pass	5:41pm
FC	Pass	5:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:41pm
SRC	Pass	5:41pm
DET	Pass	5:41pm
BAR	Pass	5:41pm
BT	Pass	5:41pm

Blank Tests

Test	Status	Time
AIR	Pass	5:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:42pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	5:42pm

Preventive Maintenance Status: Pass

K.C. Shodi

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

> Serial Number: 008898 Test Date: 01/07/2012

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG	Pass	5:33pm
AIR BLK	.00	5:34pm
ACCY CHK	.08	5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:39pm
ATR BLK	. 0.0	5 · 4 0 m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K. C. Malust

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_\(\frac{\lambda}{\}	Jew Hansver Instrument Location BAT Mobile anix
Instrument So	erial No. 008869 New Hanover S. O.
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
STATE	

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 01/07/2012

Test Record Number: 660
Test Time: 5:43pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:44pm
FLO	Pass	5:44pm
FC	Pass	5:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:44pm
SRC	Pass	5:44pm
DET	Pass	5:44pm
BAR	Pass	5:44pm
BT	Pass	5:44pm

Blank Tests

Test	Status	Time
AIR	Pass	5:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:45pm

Preventive Maintenance Status: Pass

Pass

5:45pm

CAL

The Colloch

NEW HANOVER COUNTY BAT MOBILE UNIT 6 640

Serial Number: 008869 Test Date: 01/07/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:35pm 5:36pm 5:37pm
AIR BLK	.00	5:38pm
SUB TEST	.00	5:38pm
AIR BLK	.00	5:39pm
SUB TEST	.00	5:41pm
AIR BLK	.00	5:42pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXILYZER MODEL 5000

The prevention months are:	ve maintenance procedures for the Intoxilyzer, Model 5000 to be followed at least once every for
1.	Verify alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Press "START TEST"; when "INSERT CARD" appears, insert test record;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	When test record ejects, remove;
9.	Verify Diagnostic Program; and
10.	Verify alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
maintenance	on the, 20, 20

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 3258 (Rev. 11/07)

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 01/20/2012

Test Record Number: 706
Test Time: 7:20pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:21pm
FLO	Pass	7:21pm
FC	Pass	7:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:21pm
SRC	Pass	7:21pm
DET	Pass	7:21pm
BAR	Pass	7:21pm
BT	Pass	7:21pm

Blank Tests

Test	Status	Time
AIR	Pass	7:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:21pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	7:22pm 7:22pm

Preventive Maintenance Status: Pass

K. C. Moch

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008939 Test Date: 01/20/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	7:13pm 7:14pm 7:14pm 7:15pm
SUB TEST	.00	7:16pm
AIR BLK SUB TEST	.00	7:17pm 7:18pm
ATR BLK	. 0.0	7:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXILYZER MODEL 5000

	III OMIDI ZEN NIODEL 3000
County (Erial No. 008869 Hovelock
Instrument S	erial No. 008869 Hervelocic
The prevention months are:	we maintenance procedures for the Intoxilyzer, Model 5000 to be followed at least once every four
1.	Verify alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Press "START TEST"; when "INSERT CARD" appears, insert test record;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	When test record ejects, remove;
9.	Verify Diagnostic Program; and
10.	Verify alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
maintenance	on the 20 day of 30, 20, 20, 20 the forgoing preventive procedures were performed on the instrument indicated above, in accordance with current the N.C. Department of Health and Human Services, and the instrument is functioning properly.
THE STATE O	



Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 3258 (Rev. 11/07)

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869

Test Record Number: 665

Test Date: 01/20/2012

Test Time: 7:23pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:23pm
FLO	Pass	7:23pm
FC	Pass	7:24pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	7:24pm 7:24pm 7:24pm 7:24pm 7:24pm

Blank Tests

Test	Status	Time
AIR	Pass	7:24pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:24pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:25pm

Preventive Maintenance Status: Pass

Pass

7:25pm

CAL

M. Mode

CRAVEN COUNTY BAT MOBILE UNIT 6 240

Serial Number: 008869 Test Date: 01/20/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG002803 Exp Date: 01/28/2012

Test	g/210L	Time
	_	
DIAG	Pass	7:14pm
AIR BLK	.00	7:15pm
ACCY CHK	.08	7:16pm
AIR BLK	.00	7:17pm
SUB TEST	.00	7:17pm
AIR BLK	.00	7:18pm
SUB TEST	.00	7:20pm
ATR BLK	0.0	7 · 21 pm

Reported AC: .00, g/210L

Signature of Chemical Analyst

Court CVR

K. C. Mayst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	barrus Instrument Location Cabarrus County 50
Instrument Ser	ial No. 008694 30 Corban Avenue, Concord 704-920-3000
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 134h day of January , 2012 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE STATE OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OTH	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008694 Test Date: 01/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	5:44pm 5:46pm
ACCY CHK	.08	5:46pm
AIR BLK	.00	5:47pm
SUB TEST	.00	5:48pm
AIR BLK	.00	5:49pm
SUB TEST	.00	5:50pm
AIR BLK	.00	5:51pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008694

Test Record Number: 458

Test Date: 01/13/2012

Test Time: 5:53pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:54pm 5:54pm
FC	Pass	5:54pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:54pm 5:54pm 5:54pm 5:54pm 5:54pm
	1000	J.J.P

Blank Tests

Test	Status	Time
AIR	Pass	5:54pr

Printer Tests

Test	Status	Time
PRNT	Pass	5:54pm
	CRC Tests	
Test	Status	Time
COMP	Pass	5:55pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAIMETERS, MODEL INTO A EC/IR II
County Ca	barrus Instrument Location Caharrus County 50
Instrument Seria	
	704-920-3000
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the 1344 day of January , 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Signature of Certifying Official Certificate Number

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590 Test Date: 01/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	5:39pm 5:40pm 5:40pm
AIR BLK	.00	5:41pm
SUB TEST	.00	5:43pm
AIR BLK	.00	5:44pm
SUB TEST	.00	5:46pm
AIR BLK	.00	5:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008590

Test Record Number: 1693

Test Date: 01/13/2012

Test Time: 5:48pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:49pm
FLO	Pass	5:49pm
FC	Pass	5:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	5:49pm 5:49pm 5:49pm 5:49pm 5:49pm

Blank Tests

Test	Status	Time
AIR	Pass	5:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:50pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	5:50pm 5:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	olk	Instrument Location Polk County 50
Instrument S	erial No. <u>008 83 2</u>	46 Ward Street, Columbus 828-894-3001
The prevention four months		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breath simulator thermometer show egree centigrade;
2.	Verify instrument displays tim	ne and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	!;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	pears, collect breath sample;
7.	When "PLEASE BLOW" app	pears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; a	ad
10.		nister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
	ere performed on the instrument in	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STATE CORP. IS. NO. IS	S CAROLLE S CARO	Samuely district of facility to the state of

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 01/05/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	1:54pm
AIR BLK	.00	1:55pm
ACCY CHK	.07	1:56pm
AIR BLK	.00	1:57pm
SUB TEST	.00	1:57pm
AIR BLK	.00	1:58pm
SUB TEST	.00	2:00pm
AIR BLK	.00	2:01pm

Reported AC: .00 g/210L

ture of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch **Department of Health and Human Services** Rev. 12/2007

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832

Test Record Number: 554

Test Date: 01/05/2012

Test Time: 2:02pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:02pm
FLO	Pass	2:02pm
FC	Pass	2:02pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:03pm
SRC	Pass	2:03pm
DET	Pass	2:03pm
BAR	Pass	2:03pm
BT	Pass	2:03pm

Blank Tests

Test	Status	Time
AIR	Pass	2:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:03pm

CRC Tests

Test	Status	Time
COMP	Pass	2:03pm
CAL	Pass	2:03pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	County	Stanly Instrument Location Stanly County So
	Instrumen	it Serial No. 008842 126 5. 3rd Street, Albemarle
		704-986-3734
	The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
	1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
	2.	Verify instrument displays time and date;
	3.	Initiate breath test sequence;
	4.	Enter information as prompted;
	5.	Verify instrument accuracy;
	6.	When "PLEASE BLOW" appears, collect breath sample;
Ś	7.	When "PLEASE BLOW" appears, collect breath sample;
	8.	Print test record;
	9.	Verify Diagnostic Program; and
	10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
		nat on the
	COREALS	TATE OF NO. 22. 1777 NO. 22. 17

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842 Test Date: 01/16/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E

Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/13/2013

Test	g/210L	Time
DIAG	Pass	3:45pm 3:46pm
AIR BLK ACCY CHK	.00 .07	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm
SUB TEST	.00	3:50pm
AIR BLK	.00	3:51pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STANLY COUNTY STANLY COUNTY SD 830

Serial Number: 008842

Test Record Number: 970

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:53pm
SRC	Pass	3:53pm
DET	Pass	3:53pm
BAR	Pass	3:53pm
BT	Pass	3:53pm

Blank Tests

rest	Status	Time
ATR	Pass	3:54pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:54pm 3:54pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

alone.	INTOXIMETERS, MODEL INTOX EC/IR II
County Ru	Merford Instrument Location Rutherford County 5D
Instrument Seria	1 No. 008914 400 N. Washington Street, Ruth 828-627-6247
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 544 day of 3antagy, 2012 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
STATE OF N	OF THE CARD

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 01/05/2012

Citation Number: M0000000~0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E

Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:24pm 12:25pm
ACCY CHK	.07	12:26pm
AIR BLK	.00	12:27pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm
SUB TEST	.00	12:30pm
ATR BLK	.00	12:31pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914

Test Record Number: 849

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:33pm
FLO	Pass	12:33pm
FC	Pass	12:33pm

Temperature Tests

Test Status Ti	
SRC Pass 12 DET Pass 12 BAR Pass 12	:33pm :33pm :33pm :33pm :33pm

Blank Tests

Test	Status	Time
AIR	Pass	12:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:34pm
	CRC Tests	
Test	Status	Time

IESL	Status	TIME
COMP	Pass	12:34pm
CAL	Pass	12:34pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ru	Merford Instrument Location Forest City PD		
Instrument Se	rial No. 008594 187 S. Church Street, Forest Cit		
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that o procedures we Department of	n the 5/M day of January , 20/2 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.		
ON STATE OF CHANGE OF THE COLOR	CAROLLI CAROLL		

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008594 Test Date: 01/05/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:50am 11:51am 11:52am
AIR BLK	.00	11:53am
SUB TEST	.00	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported AG: /.00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

RUTHERFORD COUNTY FOREST CITY PD 800

Serial Number: 008594 Test Date: 01/05/2012

Test Record Number: 878

Test Time: 11:58am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:58am
FLO	Pass	11:58am
FC	Pass	11:59am

Temperature Tests

Test	Status	Time
FC1	Pass	11:59am
SRC	Pass	11:59am
DET	Pass	11:59am
BAR	Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:59am
	CRC Tests	
Test	Status	Time

COMP	Pass	12:00pm
CAL	Pass	12:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	leveland	Instrument Location Clevelan		
Instrument S	Serial No. <u>008887</u>	100 Justice Pl., S	f	
		704-484-488		
The prevention four months		oximeters, Model Intox EC/IR II to be f	ollowed at least once every	
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer show	
2.	Verify instrument displays time a	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
· 7.	When "PLEASE BLOW" appears, collect breath sample;			
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.		ter is being changed before expiration deged every four months or after 125 Alco		
procedures w	on the <u>5 M</u> day of <u>Janu</u> were performed on the instrument indic of Health and Human Services, and the	the forgoated/above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.	
NAMED SET A STATE OF SET AS ST	Just Et	ture of Certifying Official	Certificate Number	

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887 Test Date: 01/05/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703 Exp Date: 04/07/2013

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	.07	10:46am
AIR BLK	.00	10:47am
SUB TEST	.00	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:50am
AIR BLK	.00	10:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

CLEVELAND COUNTY CLEVELAND COUNTY SD 220

Serial Number: 008887

Test Record Number: 991

Test Date: 01/05/2012

Test Time: 10:54am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	 Pass	10:54am

Temperature Tests

Test	Status	Time
FC1	Pass	10:55am
SRC	Pass	10:55am
DET	Pass	10:55am
BAR	Pass	10:55am
BT	Pass	10:55am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test	Status	Time
PRNT	Pass	10:55am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:55am
CAL	Pass	10:55am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	herokee Instrument Location Cherokee Co. Jail
	erial No. 008711 Murphy, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
Department of	on the
STATE STATE OF STATE	

CHEROKEE COUNTY CHEROKEE COUNTY JAIL
190

Serial Number: 008711 Test Date: 01/10/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	11:54am 11:54am 11:55am 11:56am 11:56am
AIR BLK SUB TEST	.00	11:57am
AIR BLK	.00	11:59am 12:00pm
TO STATE OF THE ST		

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHEROKEE COUNTY CHEROKEE COUNTY JAIL 190

Serial Number: 008711 Test Record Number: 459 Test Date: 01/10/2012 Test Time: 12:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:01pm
SRC	Pass	12:01pm
DET	Pass	12:01pm
BAR	Pass	12:01pm
BT	Pass	12:01pm

Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:02pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:02pm 12:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Se	vain Instrument Location Cherok	ce PD
Instrument Ser	rial No. 008782 Instrument Location Cheroker, NC	
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follow:	llowed at least once every
·1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that of procedures we Department of	on the	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	A CAROLINA C	635
	Signature of Certifying Official	Certificate Number

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782 Test Date: 01/30/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:44am 10:45am 10:46am 10:47am
SUB TEST	.00	10:47am
AIR BLK	.00	10:48am
SUB TEST	.00	10:50am
ATR BLK	. 0.0	10:50am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Den J. Cath

SWAIN COUNTY CHEROKEE INDIAN PD 860

Serial Number: 008782

Test Record Number: 533

Test Date: 01/30/2012

Test Time: 10:52am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:52am
FLO	Pass	10:52am
FC	Pass	10:52am

Temperature Tests

Test	Status	Time
FC1	Pass	10:52am
SRC	Pass	10:52am
DET	Pass	10:52am
BAR	Pass	10:52am
BT	Pass	10:52am

Blank Tests

Test	Status	Time
AIR	Pass	10:53am

Printer Tests

Test	Status	Time
PRNT	Pass	10:53am
	CRC Tests	
	.	

Test	Status	Time
COMP	Pass	10:53am
CAL	Pass	10:53am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County MO	Acon Instrument Location Macon Co. Fail
Instrument Seria	al No. 008789 Franklin, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ::
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 23 day of January, 20/2 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Dil R Coffee 635

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Date: 01/23/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:59pm 12:59pm 1:00pm 1:01pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Den's R Cather Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008789 Test Record Number: 264

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:06pm
	CRC Tests	
Toat	C+5+110	Timo

1050	Deacub	TIME
COMP	Pass	1:07pm
CAL	Pass	1:07pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	<u>1αcολ</u> Ir	strument Location Macon Co. Jail
Instrument Se	erial No. <u>0086/8</u>	Astrument Location Macon Co. Jail Kranklin, NC
The preventive four months as		neters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displaced and degrees, plus or minus .2 degree of	ays pressure, or the alcoholic breath simulator thermometer sho centigrade;
2.	Verify instrument displays time and	date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, o	collect breath sample;
7.	When "PLEASE BLOW" appears, or	collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.		s being changed before expiration date, or the alcoholic breath every four months or after 125 Alcoholic Breath Simulator test
procedures we	on the 23 day of <u>Jahaa</u> were performed on the instrument indicated of Health and Human Services, and the ins	the forgoing preventive maintenance dabove, in accordance with current regulations of the N.C. strument is functioning properly.
TOTAL STATE OF THE	Dail K	of Certifying Official Certificate Number

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618 Test Date: 01/23/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG	Pass	12:58pm
AIR BLK	.00	12:58pm
ACCY CHK	.08	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:01pm
AIR BLK	.00	1:02pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MACON COUNTY MACON COUNTY JAIL 550

Serial Number: 008618

Test Record Number: 1156

Test Date: 01/23/2012

Test Time: 1:05pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:06pm
FLO	Pass	1:06pm
FC	Pass	1:06pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:06pm
SRC	Pass	1:06pm
DET	Pass	1:06pm
BAR	Pass	1:06pm
BT	Pass	1:06pm

Blank Tests

Test	Status	Time
AIR	Pass	1:06pm

. Printer Tests.

Test	Status	Time
PRNT	Pass	1:07pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:07pm

Preventive Maintenance Status: Pass

Pass

1:07pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1/	ansylvania Instrument Location Transylvania Co. Tai
Instrument S	erial No. 008820 Brevard, NC
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
TATE STATE TO STATE OF THE STATE OF THE ST	

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 01/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102602

Exp Date: 01/26/2013

Test g	/210L	Time
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DIAG	Pass	4:33pm
AIR BLK	.00	4:33pm
ACCY CHK	.08	4:34pm
AIR BLK	.00	4:35pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 497

Test Date: 01/19/2012

Test Time: 4:41pm EST

System Check: Passed

Baseline Tests

Time
4:41pm 4:41pm 4:41pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
BT	Pass	4:41pm

Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	1c Dow c// Instrument Location Mc Do	owell Co. Jail
Instrument Se	rial No. <u>008888</u> <u>Marioh</u>	· · · · · · · · · · · · · · · · · · ·
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fre:	ollowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration desimulator solution is being changed every four months or after 125 Alcowhichever occurs first.	
I certify that of procedures we Department of	on the	oing preventive maintenance regulations of the N.C.
TO STATE AND SEASON OF THE STA	Signature of Certifying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 01/18/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	11:27am
AIR BLK	.00	11:27am
ACCY CHK	.07	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
AIR BLK	.00	11:30am
SUB TEST	.00	11:32am
AIR BLK	.00	11:33am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 01/18/2012

Test Record Number: 641 Test Time: 11:34am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	11:35am
FLO	Pass	11:35am
FC	Pass	11:35am

Temperature Tests

Test	Status	Time
FC1	Pass	11:35am
SRC	Pass	11:35am
DET	Pass	11:35am
BAR	Pass	11:35am
BT	Pass	11:35am

Blank Tests

Test	Status	Time
AIR	Pass	11:35am

Printer Tests

Test	Status	Time
PRNT	Pass	11:35am

CRC Tests

Test	Status	Time
COMP	Pass	11:36am
CAL	Pass	11:36am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ///	CDowell Instrument Location/McDowell Co. Jail
Instrument Se	erial No. 008892 Marion, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the <u>/8</u> day of <u>January</u> , 20 <u>/2</u> the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
STATE OUR STATE OF THE STATE OF	Dail R. Cuth- 635
	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 01/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time.
DIAG	Pass	11:25am
AIR BLK	.00	11:26am
ACCY CHK	.08	11:27am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am
SUB TEST	.00	11:30am
ATR BLK	. 0.0	11:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 01/18/2012

Test Record Number: 277
Test Time: 11:22am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
BT	Pass	11:22am

Blank Tests

Test	Status	Time
AIR	Pass	11:23am

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	

Test	Status	Time
COMP	Pass	11:23am
CAL	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Clay Co. Fail
Instrument Se	erial No. 008608 Hayesville, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should be degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
· 6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that oprocedures we Department of STATE STATE OF THE STATE O	on the
AND SECTION OF THE CAREAT.	Signature of Certifying Official Certificate Number

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 01/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101

Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:27pm 12:28pm 12:29pm 12:30pm 12:30pm
AIR BLK	.00	12:31pm
SUB TEST	.00	12:33pm
ATR BLK	. 0.0	12 · 34 mm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLAY COUNTY CLAY COUNTY JAIL 210

Serial Number: 008608 Test Date: 01/17/2012 Test Record Number: 806
Test Time: 12:35pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
${ t BT}$	Pass	12:35pm

Blank Tests

Test	Status	Time
AIR	Pass	12:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MO	ODEL INTOX EÇ/IR II	L ,
	ickson Instru	ment Location Tackson	Co. Jail
Instrument Ser	rial No. <u>008722</u> <u>5</u>	rlva, NC	
The preventive four months as	e maintenance procedures for the Intoximetere:	rs, Model Intox EC/IR II to be folio	owed at least once every
1.	Verify the ethanol gas canister displays p 34 degrees, plus or minus .2 degree centi		nulator thermometer show
2.	Verify instrument displays time and date	\$	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, colle	ect breath sample;	
7.	When "PLEASE BLOW" appears, colle	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.	ing changed before expiration date, y four months or after 125 Alcohol	or the alcoholic breath lic Breath Simulator tests,
I certify that of procedures we Department o	on the/day ofday of	, 20 /Z the forgoin ove, in accordance with current regment is functioning properly.	ng preventive maintenance gulations of the N.C.
STATE OF THE STATE	Signature of	Cuth	635 Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722 Test Date: 01/13/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

g,	/210L	Time
BLK .	ass 00 07	11:01am 11:02am 11:02am
BLK .	00	11:04am
TEST .	00	11:04am
BLK .	00	11:05am
TEST .	00	11:07am
BLK .	00	11:08am
CHK	07 00 00 00 00	11:02a 11:04a 11:04a 11:05a 11:07a

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008722

Test Record Number: 484

Test Date: 01/13/2012

Test Time: 11:08am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:09am 11:09am
FC	Pass	11:09am

Temperature Tests

Test		
FC1	Pass	11:09am
SRC	Pass	11:09am
DET	Pass	11:09am
BAR	Pass	11:09am
BT	Pass	11:09am

Blank Tests

Test	Status	Time
AIR	Pass	11:10am

Printer Tests

Test	Status	Time
PRNT	Pass	11:10am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:10am

Preventive Maintenance Status: Pass

Pass

11:10am

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County√ac	kson Instrument Location Tackson Co. Jail
Instrument Seria	INO. <u>608708</u> Sylva, NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of	the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Date: 01/13/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG	Pass	11:00am
AIR BLK	.00 -	11:00am
ACCY CHK	.08	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:03am
SUB TEST	.00	11:05am
AIR BLK	.00	11:06am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JACKSON COUNTY JACKSON COUNTY JAIL 490

Serial Number: 008708 Test Record Number: 757
Test Date: 01/13/2012 Test Time: 11:07am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:08am

11:08am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C re	iham	Instrument Location <u>Graham</u>	Co. S.D.
Instrument Seria	ai No. <u>008915</u>	Robbinsville, NC	
	maintenance procedures for the I	ntoximeters, Model Intox EC/IR II to be fol	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath si egree centigrade;	mulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	1;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd	
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed before expiration dat anged every four months or after 125 Alcoh	te, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of	the <u>6</u> day of <u>70</u> e performed on the instrument in Health and Human Services, and	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
CONTROL AND STATE OF THE CONTROL AND STATE OF	CORNEL CAROLINA		635
	Sig	gnature of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Date: 01/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	9:58am 9:59am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:01am
SUB TEST	.00	10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:04am
ATR RIK	0.0	10.05am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GRAHAM COUNTY GRAHAM COUNTY SD 370

Serial Number: 008915 Test Record Number: 484 Test Time: 10:05am EST Test Date: 01/06/2012

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:06am
FLO	Pass	10:06am
FC	Pass	10:06am

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test	Status	Time
AIR	Pass	10:07am

Printer Tests

Test	Status	Time
PRNT	Pass	10:07am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:07am 10:07am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hay	wood Instrument Location Haywood Co. Jail
Instrument Ser	ial No. 008714 Waynesville, NC
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	9:51am
AIR BLK	.00	9:52am
ACCY CHK	.07	9:52am
AIR BLK	.00	9:53am
SUB TEST	.00	9:54am
AIR BLK	0.0	9:55am
SUB TEST	.00	9:56am
AIR BLK	.00	9:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 712

Test Date: 01/04/2012

Test Time: 9:59am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59am
FLO	Pass	9:59am
FC	Pass	9:59am

Temperature Tests

Test	Status	Time
FC1	Pass	9:59am
SRC	Pass	9:59am
DET	Pass	9:59am
BAR	Pass	9:59am
BT	Pass	9:59am

Blank Tests

rest	Status	Time
AIR	Pass	10:00am

Printer Tests

Test	Status	Time
PRNT	Pass	10:00am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:00am 10:00am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	Instrument Location Harwood Co. Jail _
Instrument Se	Instrument Location Haywood Co. Jail writing No. 008712 Waynesville, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
THE STATION OF THE ST	

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703 Exp Date: 04/07/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:44am 9:45am 9:46am
AIR BLK	.00	9:47am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Record Number: 1074
Test Date: 01/04/2012 Test Time: 9:53am EST

System Check: Passed

Baseline Tests

Status	Time
Pass Pass	9:53am 9:53am 9:53am
	Pass

Temperature Tests

Test	Status	Time
FC1	Pass	9:53am
SRC	Pass	9:53am
DET	Pass	9:53am
BAR	Pass	9:53am
BT	Pass	9:53am

Blank Tests

Test	Status	TIME
		:
AIR	Pass	9:54an

Printer Tests

Status

Test

Time

PRNT	Pass	9:54am
	CRC Tests	:
Test	Status	Time
COMP CAL	Pass Pass	9:54am 9:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County D	PAVIDSON Instrument Location BA7	MOBILE UNIT 3
Instrument Seri	Gerial No	INGTON, NC
The preventive four months are	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to are:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic broad degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6,	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expirated simulator solution is being changed every four months or after 125 a whichever occurs first.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of	on the <u>20</u> day of <u>JADUARY</u> , 20 12 the were performed on the instrument indicated above, in accordance with cur of Health and Human Services, and the instrument is functioning properly	forgoing prevent: ve maintenance rent regulations of the N.C.
THE STATE OF THE OWN AND THE O		648
ONE OTTAM AIDEN	Signature of Certifying Official	Certificate Number

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Date: 01/20/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	7:36pm 7:37pm
ACCY CHK	.08	7:38pm
AIR BLK	.00	7:39pm
SUB TEST	.00	7:39pm
AIR BLK	.00	7:40pm
SUB TEST	.00	7:42pm
AIR BLK	.00	7:43pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cilm Ray Bens

DAVIDSON COUNTY BAT MOBILE UNIT 3 280

Serial Number: 008616 Test Record Number: 1256

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:44pm
FLO	Pass	7:44pm
FC	Pass	7:44pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:44pm
SRC	Pass	7:44pm
DET	Pass	7:44pm
BAR	Pass	7:44pm
BT	Pass	7:44pm

Blank Tests

Test	Status	Time
AIR	Pass	7:44pm

Printer Tests

Status	Time
Pass	7:44pm
CRC Tests	
Status	Time
	Pass CRC Tests

Pass

Pass

7:45pm

7:45pm

Preventive Maintenance Status: Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON Instrument Location CLAYTON POLICE DEPT.
Instrumen	t Serial No. 008658 CLAYTON NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the 3/ day of JANUARY, 2012 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
SE S	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 01/31/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:41pm 2:42pm
ACCY CHK AIR BLK	.08	2:42pm 2:43pm
SUB TEST AIR BLK	.00 .00	2:44pm 2:45pm
SUB TEST AIR BLK	.00 .00	2:47pm 2:48pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658
Test Date: 01/31/2012

Test Record Number: 719
Test Time: 2:49pm EST

System Check: Passed

Baseline Tests

500000	Time
Pass Pass	2:49pm 2:49pm 2:49pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:49pm 2:49pm 2:49pm 2:49pm 2:49pm
T-1 T-	1 (10)	2.156

Blank Tests

Test	Status	Time
ATR	Pass	2:50pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:50pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

,		ELERS, MODEL INTOX EC	
County /	POBESON	Instrument Location Rosses	ON CO. JAIL
Instrument So	erial No. <u>008836</u>	LUMBERTON	NC
The preventive four months	-	r the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	nister displays pressure, or the alcoholic bro s .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displa	ys time and date;	
3.	Initiate breath test seque	nce;	
4.	Enter information as pro	mpted;	
5.	Verify instrument accura	acy;	
6.	When "PLEASE BLOW	" appears, collect breath sample;	
7.	When "PLEASE BLOW	" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Progr	am; and	
10.	Verify that the ethanol g simulator solution is being whichever occurs first.	as canister is being changed before expirating changed every four months or after 125.	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures v	vere performed on the instrum	20 /2 the ent indicated above, in accordance with cures, and the instrument is functioning properly	rent regulations of the N.C.
STAT STATE CORE VI 20. 1 TO STATE OF THE STA	E O' NO BANK CAROLINA	Signature of Certifying Official	37/ Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 01/31/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:01pm 12:02pm 12:02pm 12:03pm 12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 01/31/2012 Test Record Number: 1861 Test Time: 12:08pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:09pm 12:09pm 12:09pm 12:09pm 12:09pm
ъι	rass	12.00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:10pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Location ROBESON Ca	. 411
ial No. 008805 LUMBRIZTON NC	
maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe e:	d at least once every
Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	tor thermometer shows
Verify instrument displays time and date;	
Initiate breath test sequence;	
Enter information as prompted;	
Verify instrument accuracy;	
When "PLEASE BLOW" appears, collect breath sample;	
When "PLEASE BLOW" appears, collect breath sample;	
Print test record;	
Verify Diagnostic Program; and	
Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic I whichever occurs first.	the alcoholic breath Breath Simulator tests,
the 3 day of ANDRY, 20 2 the forgoing proper performed on the instrument indicated above, in accordance with current regular Health and Human Services, and the instrument is functioning properly.	reventive maintenance tions of the N.C.
Jan	37/ ertificate Number
n e	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed: Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic Ewhichever occurs first. the 3 day of ANDRA , 20 12 the forgoing preparation on the instrument indicated above, in accordance with current regular Health and Human Services, and the instrument is functioning properly.

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 01/31/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:52am 11:53am 11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 01/31/2012 Test Record Number: 1917
Test Time: 12:00pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:00pm
FLO	Pass	12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:00pm 12:00pm 12:00pm 12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:01pm

12:01pm

Preventive Maintenance Status: Pass

CAL

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	Instrument Location BRUNSWICK County Sheriff Dept.
Instrument Seria	INO. 8602 Sherills Dept.
The preventive refour months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 25 day of January, 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
O'ME STATE OF WAR TO THE W	Signature of Certificial Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 01/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RIVERA, ANTHONY Permit Number: 08259E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test '	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:19pm 12:20pm 12:20pm 12:21pm 12:22pm
AIR BLK	.00	12:23pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 01/25/2012 Test Record Number: 1567
Test Time: 12:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:27pm 12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:27pm 12:27pm 12:27pm 12:27pm
BT	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:28pm
CAL ·	Pass	12:28pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Stokes		Instrument Location	King	P.D.
Instrumen	t Serial No. 🖊	08610	·		
The preve		e procedures for the Ir	ntoximeters, Model Intox I	EC/IR II to be fol	lowed at least once every
1.		e ethanol gas canister s, plus or minus .2 de	displays pressure, or the a gree centigrade;	lcoholic breath si	mulator thermometer show
2.	Verify in	strument displays time	e and date;		
3.	Initiate bi	reath test sequence;			•
4.	Enter info	ormation as prompted	;		
5.	Verify in	strument accuracy;			
, 6.	When "Pl	LEASE BLOW" appo	ears, collect breath sample	• • • • • • • • • • • • • • • • • • •	
7.	When "P	LEASE BLOW" appo	ears, collect breath sample	,	
8.	Print test	record;			
9.	Verify Di	agnostic Program; an	d		
10.	simulator		ister is being changed befo nged every four months or		
			Manager , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 2		ng preventive maintenance gulations of the N.C.
CONTRACTOR OF THE CONTRACTOR O	TATE OF NO AT HE CAROLINA TO A TO	Sign	nature of Certifying Officia	/	Certificate Number
		Øigi.	man or contribute office	**	Continuate Humbel

STOKES COUNTY KING PD 840

Serial Number: 008610 Test Date: 01/25/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:24pm 2:25pm
ACCY CHK	.08	2:25pm
AIR BLK	.00	2:26pm 2:27pm
SUB TEST AIR BLK	.00	2:27pm 2:28pm
SUB TEST	.00	2:30pm
AIR BLK	.00	2:30pm

Reported AC: __00 g/210L

Stgnature of Chemical Analyst

Court CVR

Analyst Analyst

STOKES COUNTY KING PD 840

Serial Number: 008610

Test Record Number: 1040

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:33pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:33pm
SRC	Pass	2:33pm
DET	Pass	2:33pm
BAR	Pass	2:33pm
\mathtt{BT}	Pass	2:33pm

Blank Tests

Test	Status	Time
AIR	Pass	2:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:34pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:34pm

Preventive Maintenance Status: Pass

Pass

CAL

2:34pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County St	okes Instrument Location Stokes Co JA./
Instrument Seri	al No
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate (Vulliber

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Date: 01/25/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:16pm 1:17pm
ACCY CHK	.08	1:17pm
AIR BLK	.00	1:18pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:21pm
AIR BLK	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

STOKES COUNTY STOKES COUNTY JAIL 840

Serial Number: 008596 Test Record Number: 511 Test Date: 01/25/2012

Test Time: 1:24pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:25pm
FLO	Pass	1:25pm
FC	Pass	1:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:25pm
SRC	Pass	1:25pm
DET	Pass	1:25pm
BAR	Pass	1:25pm
BT	Pass	1:25pm

Blank Tests

Test	Status	Time
AIR	Pass	1:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:25pm
	CRC Tests	:
Test	Status	Time
COMP CAL	Pass Pass	1:26pm 1:26pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIC	Instrument Location_	DAvie	Co JA.
Instrument S	erial No. 00 8905			
The prevention four months	ve maintenance procedures for the Intare:	oximeters, Model Intox E	C/IR II to be follow	ed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		coholic breath simul	ator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;		•	
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
procedures v	on the	cated above, in accordance	e with current regula	preventive maintenance ations of the N.C.
OUEAN STATE	E CAROLINI CAROLINI			
AFRE 12. TO	Jan Jan Lange	allen		632
•	Signa	ature of Certifying Officia	ıı (Certificate Number

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905 Test Date: 01/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG109703 Exp Date: 04/07/2013

g/210L	Time
Pass .00 .07 .00 .00	1:39pm 1:40pm 1:41pm 1:42pm 1:42pm 1:43pm 1:45pm
.00	1:46pm
	Pass .00 .07 .00 .00

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

DAVIE COUNTY DAVIE COUNTY JAIL 290

Serial Number: 008905

Test Record Number: 861

Test Date: 01/18/2012

Test Time: 1:47pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:48pm
FLO	Pass	1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Yadkin	Instrument Location YAd	kin B.	TAIL
Instrumen	nt Serial No. <u>008944</u>			· · · · · · · · · · · · · · · · · · ·
The preve	entive maintenance procedures for the this are:	Intoximeters, Model Intox EC/IR II	to be followed at lea	st once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 of	er displays pressure, or the alcoholic degree centigrade;	breath simulator ther	mometer shows
2.	Verify instrument displays tir	ne and date;	••	
3.	Initiate breath test sequence;			
4.	Enter information as prompte	d;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; a	and		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expinanged every four months or after 12	ation date, or the alco 25 Alcoholic Breath S	holic breath imulator tests,
I certify t procedure Departme	hat on the day of es were performed on the instrument i ent of Health and Human Services, and	ndicated above, in accordance with the instrument is functioning prop	the forgoing preventive current regulations of erly.	e maintenance the N.C.
OF EEF	STATE OF NO.			
GREAT STREET	and the same of th	(Allanda)	6	3 Zamen
	O Si	gnature of Certifying Official	Certifical	te Number

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A
Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:45pm 1:46pm
ACCY CHK	.08	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:49pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:51pm

Reported AC: ____00 g//210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

YADKIN COUNTY YADKIN CO JAIL 980

Serial Number: 008944

Test Record Number: 723

Test Date: 01/04/2012

Test Time: 1:52pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Yarlkin Instrument Location Yardkin ville P.O.
Instrume	nt Serial No. <u>008925</u>
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every this are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify to procedure Department	hat on theday of, 20_/2 the forgoing preventive maintenance es were performed on the instrument indicated above, in accordance with current regulations of the N.C. ent of Health and Human Services, and the instrument is functioning properly.
THE CREAT SET OF	Signature of Certifying Official Certificate Number

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	1:08pm 1:09pm 1:10pm
AIR BLK	.00	1:11pm
SUB TEST AIR BLK	.00 .00	1:11pm 1:12pm
SUB TEST	.00	1:12pm
AIR BLK	.00	1:14pm

Reported AC: ___000_g/210L

Signature of Chemical Analyst

Court CVR

Analyst

YADKIN COUNTY YADKINVILLE PD 980

Serial Number: 008925

Test Record Number: 261

Test Date: 01/04/2012

Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:16pm
FLO	Pass	1:16pm
FC	Pass	1:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:17pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:17pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:17pm

Preventive Maintenance Status: Pass

Pass Pass

1:17pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Fonsy H Instrument Location KERNERSUME P.D
Instrument	Serial No. 00 8650
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program, and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify th procedures Departmen	at on the
S S S S S S S S S S S S S S S S S S S	ATE ON OUT TO NOT THE STATE OF

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650 Test Date: 01/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:31pm 3:32pm 3:32pm
AIR BLK SUB TEST	.00	3:33pm 3:34pm
AIR BLK	.00	3:35pm
SUB TEST AIR BLK	.00 .00	3:36pm 3:37pm

Reported AC: __.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY KERNERSVILLE PD 330

Serial Number: 008650

Test Record Number: 765

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

Blank Tests

Test		Status	Time
AIR	1	Pass	3:39pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:39pm

Preventive Maintenance Status: Pass

Pass

CAL

3:39pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	For	154th Instrument Location Fons 9th a Detent.
Instrum	ent Seria	INO. 008583 CENTER
	ventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1	•	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2		Verify instrument displays time and date;
. 3	•	Initiate breath test sequence;
4		Enter information as prompted;
5		Verify instrument accuracy;
6		When "PLEASE BLOW" appears, collect breath sample;
7		When "PLEASE BLOW" appears, collect breath sample;
8		Print test record;
9		Verify Diagnostic Program; and
10		Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedu	ires were	the
OREAT SE	STATE OF N	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583 Test Date: 01/17/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	1:04pm 1:06pm 1:06pm
ACCY CHR	.08	1:08pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm
SUB TEST	.00	1:10pm
AIR BLK	.00	1:12pm

Reported AC: .00 g/210L/

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008583

Test Record Number: 3664

Test Date: 01/17/2012

Test Time: 1:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:14pm 1:14pm
FC	Pass	1:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:14pm
SRC	Pass	1:14pm
DET	Pass	1:14pm
BAR	Pass	1:14pm
BT	Pass	1:14pm

Blank Tests

Test	Status	Time
AIR	Pass	1:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:15pm 1:15pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Analyst

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	FORSY LOCATION FORSY LOC DETENTION
Instrument	Serial No. 008660
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on the
TE TO THE TOTAL TOTAL TO THE TO	ATE OF THE CANADA AND
	Signature of Certifying Official Certificate Number

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660 Test Date: 01/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG106701 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	1:03pm
AIR BLK	.00	1:04pm
ACCY CHK	.07	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
ATR BLK	. 0.0	1:09pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008660

Test Record Number: 2320

Test Date: 01/17/2012

Test Time: 1:11pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:11pm
SRC	Pass	1:11pm
DET	Pass	1:11pm
BAR	Pass	1:11pm
BT	Pass	1:11pm

Blank Tests

Test	Status	Time
ATR	Pass	1:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:12pm

Preventive Maintenance Status: Pass

Pass

ÇAL

1:12pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Fon	Syth Instrument Location Fonsyth Co Detantion
Instrument Seria	at No. 00 8659 Conten
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
O'NE STATE OF ON THE STATE OF	Jan
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659 Test Date: 01/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: WEAVER, GEORGE A

Permit Number: 09442E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	1:01pm 1:02pm
ACCY CHK	.07	1:02pm
AIR BLK SUB TEST	.00 .00	1:03pm 1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:07pm

Reported AC: ____.00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

FORSYTH COUNTY FORSYTH CO DETENTION 330

Serial Number: 008659

Test Record Number: 1505

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
BT	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:10pm

Preventive Maintenance Status: Pass

Pass

CAL

1:10pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MECKLENBURG	Instrument Location_	BAT MOBILE UNIT	
Instrumen	nt Serial No. <u>008616</u>	·	CHARLOTTE, NC	
The preve	• • • • • • • • • • • • • • • • • • •	Intoximeters, Model Intox	EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d		lcoholic breath simulator thermometer shows	
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	i ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" app	pears, collect breath sample	·	
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nd		
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.	nister is being changed befor anged every four months or	ore expiration date, or the alcoholic breath after 125 Alcoholic Breath Simulator tests,	
I certify th procedures Departmen	nat on the 26 day of s were performed on the instrument in the of Health and Human Services, and	dicated above, in accordanthe instrument is functioni	the forgoing preventive maintenance ce with current regulations of the N.C. ng properly.	
CO SELLY COREATER SELLY	ATE OF NO. 1773 NO. 12. 1773 NO	ay Barnes	648	
	Sig	nature of Certifying Offici		

MECKLENBURG COUNTY BAT MOBILE UNIT 3
590

Serial Number: 008616 Test Date: 01/26/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00	10:06pm 10:07pm 10:08pm 10:09pm 10:10pm 10:11pm 10:12pm
AIR BLK	.00	10:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bars Analyst

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008616

Test Record Number: 1259

Test Date: 01/26/2012

Test Time: 10:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:15pm 10:15pm
FC	Pass	10:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:15pm
SRC	Pass	10:15pm
DET	Pass	10:15pm
BAR	Pass	10:15pm
BT	Pass	10:15pm

Blank Tests

Test	Status	Time
AIR	Pass	10:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:16pm
CAL	Pass	10:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ME	ECKLENBURG Instrument Location BAT MOBILE UNIT 3
Instrument Ser	rial No. 008707 CHARLOTTE, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that o procedures we Department of	n the, 20, 20, 20
OF THE STATE OF THE PARTY OF TH	Colon Ray Barres Lo48 Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Date: 01/26/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:12pm 10:13pm
AIR BLK SUB TEST	.00	10:13pm 10:14pm
AIR BLK	.00 .00	10:15pm 10:16pm
SUB TEST AIR BLK	.00	10:18pm 10:18pm
		TO TODIII

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Cilm Ray Baines

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008707 Test Record Number: 1332
Test Date: 01/26/2012 Test Time: 10:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:20pm 10:20pm
FLO FC	Pass Pass	10:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:20pm
SRC	Pass	10:20pm
DET	Pass	10:20pm
BAR	Pass	10:20pm
BT	Pass	10:20pm

Blank Tests

Test	Status	Time
AIR	Pass	10:21pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:21pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:21pm

Preventive Maintenance Status: Pass

Olm Ray Barnes Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	PECKLENBURG Instrument Location 13.	AT MOBILE UNIT 3
Instrument Se	crial No. <u>008647</u> <u>C</u>	HARLOTTE, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before estimulator solution is being changed every four months or after whichever occurs first.	xpiration date, or the alcoholic breath or 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on the	the forgoing preventive maintenance rith current regulations of the N.C. roperly.
THE CAME OF THE STATE OF THE ST		Certificate Number

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Date: 01/27/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

am
am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

MECKLENBURG COUNTY BAT MOBILE UNIT 3 590

Serial Number: 008647 Test Record Number: 1282
Test Date: 01/27/2012 Test Time: 12:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29am
FLO FC	Pass Pass	12:29am 12:29am

Temperature Tests

Test	Status	Time
FC1	Pass	12:30am
SRC	Pass	12:30am
DET	Pass	12:30am
BAR	Pass	12:30am
BT	Pass	12:30am

Blank Tests

Test	Status	Time
AIR	Pass	12:30am

Printer Tests

Test	Status	'I'ıme
PRNT	Pass	12:30am
	CRC Tests	

Test	Status	TIME
COMP	Pass	12:30am
CAL	Pass	12:30am

Preventive Maintenance Status: Pass

Clu Ray Banes Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIE	Instrument Location	BAT MOBILE UNIT
Instrument	Serial No. <u>008614</u>		MOCKSVILLE, NC
The preven	tive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the degree centigrade;	alcoholic breath simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	;	er en
4.	Enter information as promp	oted;	
5.	Verify instrument accuracy	,	
6.	When "PLEASE BLOW"	appears, collect breath samp	le;
7.	When "PLEASE BLOW"	appears, collect breath samp	le;
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.	Manifer that the athenol gas	canister is being changed be	fore expiration date, or the alcoholic breath or after 125 Alcoholic Breath Simulator tests,
procedure	nat on the <u>28</u> day of swere performed on the instrumer of Health and Human Services,	it indicated above, in accordi	the forgoing preventive maintenance ance with current regulations of the N.C.
SEATH CREAT SEATH	S CAROLINA CONTRACTOR OF THE CAROLINA CONTRACTOR	Ray Boune Signature of Certifying Off	

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008616 Test Date: 01/28/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG	Pass	8:20pm
AIR BLK	.00	8:21pm
ACCY CHK	.08	8:21pm
AIR BLK	.00	8:22pm
SUB TEST	.00	8:23pm
AIR BLK	.00	8:24pm
SUB TEST	.00	8:25pm
AIR BLK	.00	8:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Olm Ray Barnes
Analyst

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008616 Test Date: 01/28/2012 Test Record Number: 1270
Test Time: 8:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:27pm
FLO	Pass	8:27pm
FC	Pass	8:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:27pm
SRC	Pass	8:27pm
DET	Pass	8:27pm
BAR	Pass	8:27pm
BT	Pass	8:27pm

Blank Tests

Test	Status	Time
		4
AIR	Pass	8:28pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:28pm
	CRC Tests	

Test	Status	Time
COMP	Pass	8:28pm
CAL	Pass	8:28pm

Preventive Maintenance Status: Pass

alm Ray Bans

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAVIE	Instrument Location_	BAT MOI	BILE UNIT
Instrument S	Serial No. <u>008707</u>		MOCKSVI	LLE, DC
The preventi	ive maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be follow	red at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre	splays pressure, or the a	ilcoholic breath simu	lator thermometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sampl	e;	
7.	When "PLEASE BLOW" appear	rs, collect breath sampl	e;	-
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed bei ed every four months o	ore expiration date, or after 125 Alcoholic	or the alcoholic breath Breath Simulator tests,
procedures	t on the <u>28</u> day of <u>J</u> were performed on the instrument indic of Health and Human Services, and the	ated above, in accorda	nce with current regu	preventive maintenance lations of the N.C.
STAL STAL	TE ON OCH CAROLINA			,de
* ISSE QUAM	ANDREA *	Kay Ba	nes_	648
	Signa	ture of Certifying Offic	ial	Certificate Number

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008707 Test Date: 01/28/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	8:22pm
AIR BLK	.00	8:24pm
ACCY CHI	80. ک	8:24pm
AIR BLK	.00	8:25pm
SUB TEST	00. 1	8:26pm
AIR BLK	.00	8:27pm
SUB TEST	г.00	8:28pm
AIR BLK	.00	8:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DAVIE COUNTY BAT MOBILE UNIT 3 290

Serial Number: 008707 Test Date: 01/28/2012 Test Record Number: 1337
Test Time: 8:29pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:30pm
FLO	Pass	8:30pm
FC	Pass	8:30pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	8:30pm 8:30pm 8:30pm 8:30pm
. 		

Blank Tests

Test	Status	Time
AIR	Pass	8:31pm

Printer Tests

Test	Status	Time
PRNT	Pass	8:31pm

CRC Tests

Test	Status	Time
COMP	Pass	8:31pm
CAL	Pass	8:31pm

Preventive Maintenance Status: Pass

Olun Ray Barres

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Maple Unit 4 Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; Verify Diagnostic Program; and 9. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. , 20 / 2 the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008871 Test Date: 01/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: NC Driver's License Number: XX

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

03/01/2010-03/01/2012

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	10:15pm 10:16pm
ACCY CHK	.08	10:17pm
AIR BLK SUB TEST	.00 .00	10:17pm 10:18pm
AIR BLK	.00	10:18pm
SUB TEST	.00	10:21pm
AIR BLK	.00	10:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008871

Test Record Number: 422

Test Date: 01/13/2012

Test Time: 10:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26pm
FLO	Pass	10:26pm
FC	Pass	10:26pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:26pm
SRC	Pass	10:26pm
DET	Pass	10:26pm
BAR	Pass	10:26pm
\mathtt{BT}	Pass	10:26pm

Blank Tests

Test	Status	Time
AIR	Pass	10:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:27pm
	CRC Tests	

Test	Status	Time
COMP	Pass	10:27pm
CAL	Pass	10:27pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

INTOXIMETERS, MODEL INTOX EC/IR II

County HALNelt Co Instrument Location BAT Mobile Unit 4

Instrument Serial No. 20 8734 FATS://e

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:

- 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
- 2. Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- 8. Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of d



Signature of Certifying Official

Certificate Number

HARNETT COUNTY BAT MOBILE UNIT 4 420 .

Serial Number: 008734 Test Date: 01/13/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

03/01/2010-03/01/2012

Officer's Name: NONE, NONE N

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG920302 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	10:17pm
AIR BLK	.00	10:18pm
ACCY CHK	.07	10:18pm
AIR BLK	.00	10:19pm
SUB TEST	.00	10:20pm
AIR BLK	.00	10:21pm
SUB TEST	.00	10:22pm
AIR BLK	.00	10:24pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY BAT MOBILE UNIT 4 420

Serial Number: 008734 Test Date: 01/13/2012 Test Record Number: 465 Test Time: 10:28pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:28pm
FLO	Pass	10:28pm
FC	Pass	10:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:29pm
SRC	Pass	10:29pm
DET	Pass	10:29pm
BAR	Pass	10:29pm
BT	Pass	10:29pm

Blank Tests

Test	Status	Time
AIR	Pass	10:29pm

Printer Tests

Status

Test

PRNT	Pass	10:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:30pm 10:30pm

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOMMETE	RS, MODEL INTOX EC/IR II
County Hoke	Instrument Location Hoke County Jofon Alon
Instrument Serial No. <u>608853</u>	Rapford, NC
The preventive maintenance procedures for the lefour months are:	ntoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows egree centigrade;
2. Verify instrument displays tim	e and date;
3. Initiate breath test sequence;	
4. Enter information as prompted	i.,
 Verify instrument accuracy; 	·
6. When "PLEASE BLOW" app	pears, collect breath sample;
7. When "PLEASE BLOW" app	pears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program; ar	nd
	dister is being changed before expiration date, or the alcoholic breath anged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of procedures were performed on the instrument in Department of Health and Human Services, and	the forgoing preventive maintenance dicated above, in accordance with current regulations of the N.C. the instrument is functioning properly.

STATE OF NO PLAN AND AND AND AND AND AND AND AND AND A	Trusla00 50
M Charles I	nature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 01/17/2012 Test Record Number: 435
Test Time: 9:52am EST

System Check: Passed Baseline Tests

Test	Status	Time
IR	Pass	9:52am
FLO	Pass	9:52am
FC	Pass	9:53am

Temperature Tests

FC1 Pass 9:53a	m
SRC Pass 9:53a	m
DET Pass 9:53a	m
BAR Pass 9:53a	m
BT Pass 9:53a	m

Blank Tests

Test	Status	Time
AIR	Pass	9:53am

Printer Tests

Test	Status	Time
PRNT	Pass	9:53am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:54am

9:54am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 01/17/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124904 Exp Date: 09/06/2013

Test g/210L	Time
DIAG Pass	9:45am
AIR BLK .00	9:45am
ACCY CHK .07	9:46am
AIR BLK .00	9:47am
SUB TEST .00	9:48am
AIR BLK .00	9:49am
SUB TEST .00	9:50am
AIR BLK .00	9:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MONTGOMERY Instrument Location MONTGOMERY Co. JAIL
	erial No
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department o	on the 23 day of JANUARY, 2012 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
MAND 597	
ON ON ON ON ONE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721 Test Date: 01/23/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:33am 10:34am 10:34am 10:35am 10:36am
AIR BLK	.00	10:36am
SUB TEST	.00	10:38am
AIR BLK	.00	10:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008721

Test Record Number: 601

Test Date: 01/23/2012

Test Time: 10:40am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:40am 10:40am
FC	Pass	10:40am

Temperature Tests

Test	Status	Time
FC1	Pass	10:40am
SRC	Pass	10:40am
DET	Pass	10:40am
BAR	Pass	10:40am
BT	Pass	10:40am

Blank Tests

Test	Status	Time
ATR	Pass	10:41am

Printer Tests

Test	Status	Time
PRNT	Pass	10:41am
	CRC Tests	
Test	Status	Time

COMP	Pass	10:41am
CAL	Pass	10:41am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MONTGOMERY Instrument Location MONTGOMERY Co. JAIL
Instrument S	erial No. <u>DO 8709</u> <u>TROY, NC</u>
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer should degree, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that of procedures we Department of	on the 23 day of ANUARY, 20 12 the forgoing preventive maintenance of the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TAMES STATE OREAL STATE OF THE	Signature of Certifying Official Certificate Number

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709 Test Date: 01/23/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:31am 10:32am 10:32am
AIR BLK	.00	10:33am
SUB TEST	.00	10:34am
AIR BLK	.00	10:35am
SUB TEST	.00	10:36am
ATR BLK	.00	10:38am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MONTGOMERY COUNTY MONTGOMERY CO. JAIL 610

Serial Number: 008709

Test Record Number: 651

Test Date: 01/23/2012

Test Time: 10:43am EST

System Check: Passed

Baseline Tests

Test	-	Status	Time
IR		Pass	10:44am
FLO		Pass	10:44am
FC		Pass	10:44am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:44am 10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT	Pass	10:44am

Blank Tests

Test	Status	Time
ΔTR	Pagg	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT	Instrument Location <u>DUMA</u>	I RUCE DEPT.
Instrument Se	rial No. 008644	DUNN, NC	•
The preventiv	e maintenance procedures for the Intre:	oximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic baree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ter is being changed before expirat ged every four months or after 125	ion date, or the alcoholic breath Alcoholic Breath Simulator tests,
procedures we	on the 2/ day of 1/2 ere performed on the instrument indiff Health and Human Services, and the	cated above, in accordance with cu	rrent regulations of the N.C.
OF THE STATE OF TH	CORDINATION OF THE PROPERTY OF		general de la constant de la constan
Walliam III		ature of Certifying Official	Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 01/24/2012

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:20pm
ACCY CHK	.00	2:21pm 2:21pm
AIR BLK	.00	2:21pm 2:23pm
SUB TEST	.00	2:23pm
AIR BLK	.00	2:24pm
SUB TEST	.00	2:26pm
ATR BLK	.00	2:27pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644

Test Record Number: 836

Test Date: 01/24/2012

Test Time: 2:27pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:28pm
FLO	Pass	2:28pm
FC	Pass	2:28pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	2:28pm 2:28pm
DET	Pass	2:28pm
BAR	Pass	2:28pm
BT	Pass	2:28pm

Blank Tests

Test	Status	Time
AIR	Pass	2:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:29pm 2:29pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location HARNETT Co. DETENTION C
Instrument S	Gerial No. 008730 LILLINGTON NC
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
rocedures v	on the 21 day of ANUARY, 20 12 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
ASSECTION STATES	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 01/24/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG108202 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	4:01pm 4:02pm
ACCY CHK	.07	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:06pm
AIR BLK	.00	4:07pm
SUB TEST	.00	4:08pm
AIR BLK	.00	4:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 1094 Test Date: 01/24/2012 Test Time: 4:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:19pm
FLO	Pass	4:19pm
FC	Pass	4:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:19pm
SRC	Pass	4:19pm
DET	Pass	4:19pm
BAR	Pass	4:19pm
BT	Pass	4:19pm

Blank Tests

Time Status Test ·

AIR Pass 4:20pm

Printer Tests

Time Test Status

4:20pm PRNT Pass

CRC Tests

Time Test Status

4:20pm COMP Pass 4:20pm CAL Pass

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMI	ETERS, MODEL INTOX EC/IR II
County_	HARNETT	Instrument Location 1/4/2NETT Co. DETENTION CH
Instrumer	nt Serial No. <u>00872</u>	19 LIWNSTON, NC
The preve	•	or the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas ca 34 degrees, plus or minu	anister displays pressure, or the alcoholic breath simulator thermometer shows as .2 degree centigrade;
2.	Verify instrument displa	ys time and date;
3.	Initiate breath test seque	nce;
4.	Enter information as pro	mpted;
5.	Verify instrument accura	acy;
6.	When "PLEASE BLOW	" appears, collect breath sample;
7.	When "PLEASE BLOW	" appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Progra	am; and
10.		as canister is being changed before expiration date, or the alcoholic breath ng changed every four months or after 125 Alcoholic Breath Simulator tests,
procedure	es were performed on the instrum	the forgoing preventive maintenance and indicated above, in accordance with current regulations of the N.C. s, and the instrument is functioning properly.
CREAT SET	STATE OF NORTH AND STATE OF NORT	Signature of Certifying Official Certificate Number

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 01/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	4:07pm 4:08pm
ACCY CHK	.07	4:09pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:10pm
AIR BLK	.00	4:11pm
SUB TEST	.00	4:13pm
AIR BLK	.00	4:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 1359

Test Date: 01/24/2012

Test Time: 4:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:15pm
FLO	Pass	4:15pm
FC	Pass	4:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:16pm
SRC	Pass	4:16pm
DET	Pass	4:16pm
BAR	Pass	4:16pm
BT	Pass	4:16pm

Blank Tests

Test	Status	Time
ATR	Pass	4:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:17pm

Preventive Maintenance Status: Pass

Pass

4:17pm

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	LEE Instrument Location LEE Co. JAIL
Instrument S	erial No. 008645 <u>SANFORD</u> , NC
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the 2 day of 19NUARY, 2012 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
O'RE STAT.	Service Control of the Control of th

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645 Test Date: 01/21/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 06108E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG104004 Exp Date: 02/09/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:49am 12:49am 12:50am 12:51am 12:52am
AIR BLK	.00	12:52am
SUB TEST	.00	12:53am
ATD RIK	00	12.54am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

LEE COUNTY LEE CO. LEC. 520

Serial Number: 008645

Test Record Number: 1048

Test Date: 01/21/2012

Test Time: 12:56am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:56am
FLO	Pass	12:56am
FC	Pass	12:56am

Temperature Tests

Test	Status	Time
FC1	Pass	12:56am
SRC	Pass	12:56am
DET	Pass	12:56am
BAR	Pass	12:56am
BT	Pass	12:56am

Blank Tests

Test	Status	Time
AIR	Pass	12:57am

Printer Tests

Test	Status	Time
PRNT	Pass	12:57am

CRC Tests

Test	Status	Time
COMP	Pass	12:57am
CAL	Pass	12:57am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County P	Instrument Location P. H. Co. Detention (e)
Instrument Se	erial No 008/046 124 Detention Dr., Greenville, No
The prevention four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on the
THE CORE OF THE CO	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	10:53am 10:53am 10:54am 10:55am 10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
ATR BLK	. 0.0	10:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Record Number: 1384 Test Date: 01/04/2012 Test Time: 11:00am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:00am
FLO	Pass	11:00am
FC	Pass	11:00am

Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

Blank Tests

Test	Status	Time
AIR	Pass	11:01am

Printer Tests

Test	Status	Time
PRNT	Pass	11:01am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:01am

CAL Pass 11:01am

Preventive Maintenance Status: Pass

\Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Count Cu(/	ituck Instrument Location Curituck Co. S.O.
Instrument Seria	1No. 008947 407-A Maple Rd., Maple, N.C
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. $\int \theta$
	the day of CNUAVU, 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
TO THE STATE OF AN AND AND AND AND AND AND AND AND AND	Well Colls

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947 Test Date: 01/06/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

- /OIOT

Thime

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:19am 11:19am 11:20am 11:21am 11:22am 11:23am
SUB TEST	.00	11:24am
AIR BLK	. 00	11:25am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CURRITUCK COUNTY CURRITUCK SO-MAPLE 260

Serial Number: 008947

Test Record Number: 914

Test Date: 01/06/2012

Test Time: 11:26am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:26am 11:26am 11:26am 11:26am
DΤ	Land	11.200

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Status	Time
Pass	11:27am
CRC Tests	
Status	Time
	Pass CRC Tests

Pass 11:27am COMP 11:27am Pass CAL

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 0	Moil Instrument Location Lendin Co. S.O.
Instrument Ser	ial No. 008639 BO Queen St., Kinston, NC.
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	an the
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 01/09/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:04am 10:05am 10:06am
AIR BLK	.00	10:06am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:09am
AIR BLK	.00	10:10am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 1573

Test Date: 01/09/2012

Test Time: 10:11am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:12am
FLO	Pass	10:12am
FC	Pass	10:12am

Temperature Tests

Test	Status	Time
FC1	Pass	10:12am
SRC	Pass	10:12am
DET	Pass	10:12am
BAR	Pass	10:12am
BT	Pass	10:12am

Blank Tests

Test	Status	Time
AIR	Pass	10:12am

Printer Tests

Test	Status	Time
PRNT	Pass	10:12am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:13am
CAL	Pass	10:13am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County GY	instrument Location Greene (0.5.0.
Instrument Seri	al No. 008670 301 N. Greene St., Snow Hill, N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10. I certify that or procedures we	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the
Department of	Health and Human Services, and the instrument is functioning properly. Continue of Certifying Official Certificate Number Certif

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 01/18/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
08/01/2011-08/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass .00 .08	12:02pm 12:02pm 12:03pm
ACCY CHK	.00	12:04pm
SUB TEST AIR BLK	.00 .00	12:05pm 12:06pm
SUB TEST AIR BLK	.00 .00	12:07pm 12:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670

Test Record Number: 1204

Test Date: 01/18/2012

Test Time: 12:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:09pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:10pm 12:10pm 12:10pm 12:10pm
\mathtt{BT}	Pass	12:10pm

Blank Tests

Test	Status	Time
ATD	Dagg	12.10pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:10pm
CAL	Pass	12:10pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX ECOR II
County GG	Tes Instrument Location (5 a fes (6, 5.0)
Instrument Seri	al No. 008884 202 Court St., Gatesville, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
I certify that or procedures we	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. The day of January, 20/2 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C.
Department of	Health and Human Services, and the instrument is functioning properly. 10 10 10 10 10 10 10 1

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 01/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:09pm 12:10pm
ACCY CHK	.07	12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

.00 g/210L Reported AC:

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 01/19/2012

Test Record Number: 391 Test Time: 12:18pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:18pm 12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

12:19pm

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Wil	Instrument Location Wilson Co. Detention Con
Instrument Seria	Instrument Location Wilson Co. Detention Con INO. 008652 100 E. Green St., Wilson, N.C.
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 20 day of 160 day
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 01/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124201 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:12am 11:13am 11:14am 11:15am 11:16am 11:16am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Record Number: 1868
Test Date: 01/20/2012 Test Time: 11:21am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:21am
FLO	Pass	11:21am
FC	Pass	11:21am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:21am 11:21am
DET	Pass	11:21am
BAR	Pass	11:21am
BT	Pass	11:21am

Blank Tests

Test	Status	Time
AIR	Pass	11:22am

Printer Tests

Test	Status	Time
PRNT	Pass	11:22am
	CRC Tests	
Test	Status	Time

	rest	Status	TIME
CALL FASS II:22all	COMP	Pass	11:22am
	CAL	Pass	11:22am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

CountyWils	Instrument Location Wilson Co. Detention Ger
Instrument Seria	al No. 008627 100 E. Green St., Wilson, NC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 20 day of January, 20/2 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 01/20/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG200401 Exp Date: 01/04/2014

Test	g/210L	Time
DIAG	Pass	11:22am
AIR BLK	.00	11:23am
ACCY CHK	.08	11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:25am
AIR BLK	.00	11:26am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC:

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures **Forensic Tests for Alcohol Branch Department of Health and Human Services**

Rev. 12/2007

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627

Test Record Number: 1403

Test Date: 01/20/2012

Test Time: 11:29am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:30am
FLO	Pass	11:30am
FC	Pass	11:30am

Temperature Tests

Test	Status	Time
FC1	Pass	11:30am
SRC	Pass	11:30am
DET	Pass	11:30am
BAR	Pass	11:30am
BT	Pass	11:30am

Blank Tests

Test	Status	Time
AIR	Pass	11:31am

Printer Tests

Test	Status	Time
PRNT	Pass	11:31am
	CRC Tests	
Test	Status	Time

COMP Pass 11:31am CAL Pass 11:31am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Hy	Instrument Location Hycle (o. S.O Occacolla
Instrument Seri	Instrument Location Hycle (o. S.O Occacolle al No. 00877 NC12, Ocracoke, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 24 day of January, 20/2 the forgoing preventive maintenance be performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	CAROLINA

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 01/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG023602 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK	Pass .00	11:07am 11:08am
ACCY CHK	.07	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:10am
AIR BLK	.00	11:11am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Record Number: 244 Test Date: 01/24/2012

Test Time: 11:19am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:19am 11:19am
FC	Pass	11:19am

Temperature Tests

Test	Status	Time
FC1	Pass	11:20am
SRC DET	Pass Pass	11:20am 11:20am
BAR	Pass	11:20am
BT	Pass	11:20am

Blank Tests

Test	Status	Time
AIR	Pass	11:20am

Printer Tests

Test	Status	Time
PRNT	Pass	11:20am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:20am 11:20am

Preventive Maintenance Status: Pass



	INTOXIMETERS, MODEL INTOX EC/IR II
County D	are Instrument Location Day-e (o. S.O. Hattero
Instrument Se	rial No.008807 50346 NC Hwy 12, Frisco, N.C.
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 21 day of 1 and 1, 2012 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
CONTROL OF THE STATE OF THE COREAT STATE OF THE COREAT STATE OF THE COREAT STATE OF THE CORE OF THE CO	

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 01/24/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

08/01/2011-08/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	1:27pm 1:28pm
ACCY CHK	.08	1:29pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 01/24/2012

Test Record Number: 384

Test Time: 1:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Status	Time
Pass	1:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:36pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

.4	INTOXIMETERS, MODEL INTOX EC/IR II
County	Jack Instrument Location Dace Co. Defuntion
Instrument Se	rial No. DO8804 1044 Drillwood Dr., Manko,
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of NULL , 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
•	
AMPRIL SERVICE OR AND SERVICE OF	Linite A. Kush 647
Searanne Se	Signature of Certifying Official Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 01/19/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A
Permit Number: 11646E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	12:32pm 12:33pm 12:34pm 12:35pm 12:35pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Finil Muse
Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 968

Test Date: 01/19/2012

Test Time: 12:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:40pm
FLO	Pass	12:40pm
FC	Pass	12:40pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:40pm 12:40pm
DET	Pass	12:40pm
BAR	Pass	12:40pm
BT	Pass	12:40pm

Blank Tests

Test	Status	Time
AIR	Pass	12:41pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:41pm
	CRC Tests	٠
Test	Status	Time

ICSC	blatus	TIME
COMP	Pass	12:41pm
CAL	Pass	12:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Instrument Se	rial No. 008783 ID44 Driktwood Dr., Manter, NC.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department of	on the
OF THE STATE	



Signature of Certifying Official

Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 01/19/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG023701 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:25pm 12:26pm 12:27pm
AIR BLK	.00	12:27pm
SUB TEST AIR BLK	.00 .00	12:29pm 12:30pm
SUB TEST	.00	12:31pm
AIR BLK	UII	ニュスミうスロロ

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Inds Must

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Record Number: 272

Test Date: 01/19/2012 Test Time: 12:34pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:34pm 12:34pm
FC	Pass	12:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:34pm
SRC	Pass	12:34pm
DET	Pass	12:34pm
BAR	Pass	12:34pm
BT	Pass	12:34pm

Blank Tests

Test	Status	Time
AIR	Pass	12:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:35pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:35pm 12:35pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	_ ·	•	ocation Markin Co. S.b.	
Instrumen	nt Serial No. 00 4479	305 E.	Main st. William str	<u>l</u>
The preve		Intoximeters, Mode	el Intox EC/IR II to be followed at least once eve	эгу
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, degree centigrade;	, or the alcoholic breath simulator thermometer s	how
2.	Verify instrument displays to	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath	h sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath	h sample;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	anister is being chan hanged every four m	nged before expiration date, or the alcoholic brea nonths or after 125 Alcoholic Breath Simulator t	ith ests,
I certify to procedur Department	that on theday of es were performed on the instrument ent of Health and Human Services, a	indicated above in a	, 20 /Z the forgoing preventive mainter accordance with current regulations of the N.C. functioning properly.	iance
GREATS	STATE OF NORTH	A. Males	ing Official Certificate Numbe	·

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Date: 01/11/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG123501 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:34pm 12:35pm
ACCY CHK	.07	12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:37pm
AIR BLK	.00	12:38pm
SUB TEST	.00	12:40pm
ATR BLK	. 00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008879 Test Record Number: 316
Test Date: 01/11/2012 Test Time: 12:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:43pm 12:43pm
FC	Pass	12:43pm

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	12:43pm 12:43pm 12:43pm
BAR	Pass	12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time	
AIR	Pass	12:44pm	

Printer Tests

Test	Status	Time
PRNT	Pass	12:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:44pm

12:44pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County be	Instrument Location Bully Un Palia My
Instrument Seri	al No. D&8928 Bulhoum, NL.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the day of MAN 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE TOTAL TO THE STATE OF THE TOTAL TO THE STATE OF THE TOTAL TO THE T	

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG102701 Exp Date: 01/27/2013

Test	g/210L	Time
DIAG	Pass	1:32pm
AIR BLK	.00	1:33pm
ACCY CHK	.07	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:35pm
AIR BLK	.00	1:36pm
SUB TEST	.00	1:38pm
ATR BIK	. 00	1:390m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Find X. Come

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 164
Test Time: 1:40pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:41pm 1:41pm
FC	Pass	1:41pm

Temperature Tests

Status	Time
Pass	1:41pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:42pm

Printer Tests

Test

Status

Time

PRNT	Pass	1:42pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:42pm 1:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location MAT XIA (0. 5.0.
Instrument Ser	ial No. DOGGIA 305 E. MAIN ST., Williamston, No
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	n the
STATE OF THE STATE OF THE COLETA	Signature of Certifying Official Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 01/11/2012 Test Record Number: 457
Test Time: 1:15pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	1:16pm
FC	Pass Pass	1:16pm 1:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:16pm
SRC	Pass	1:16pm
DET	Pass	1:16pm
BAR	Pass	1:16pm
BT	Pass	1:16pm

Blank Tests

Test	Status	Time
AIR	Pass	1:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:16pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:17pm 1:17pm

Preventive Maintenance Status: Pass

Analyst

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

S 111111

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Yanc	Instrument Location Yancey Co Jail
Instrument Seria	Instrument Location Yancey Co Jail 1No. 00 8653 Buins Ville, WC
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the 2/ day of January, 20/2 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	Signature of Certifying Official Certificate Number

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653 Test Date: 01/21/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG120101 Exp Date: 07/20/2013

Test	g/210L	Time
DIAG	Pass	6:02pm
AIR BLK	.00	6:03pm
ACCY CHK	.08	6:03pm
AIR BLK	.00	6:04pm
SUB TEST	.00	6:05pm
AIR BLK	.00	6:06pm
SUB TEST	.00	6:07pm
ATR BLK	.00	6:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

YANCEY COUNTY YANCEY COUNTY JAIL 990

Serial Number: 008653

Test Record Number: 811
Test Time: 6:09pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	6:09pm
FLO	Pass	6:09pm
FC	Pass	6:09pm

Temperature Tests

Status	Time
Pass	6:09pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time	
AIR	Pass	6:10pm	

Printer Tests

Test	Status	Time
PRNT	Pass	6:10pm
	CRC Tests	
Test	Status	Time
COMP	Pass	6:10pm

Preventive Maintenance Status: Pass

Pass

6:10pm

CAL

Analyst

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>C</u>	Instrument Location Caldwell Co Jail
Instrument Se	erial No. 008719 Lenoir, NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 23 day of January , 20/2 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
WWWID BEY	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 01/23/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG	Pass	5:29pm
AIR BLK	.00	5:30pm
ACCY CHK AIR BLK	.07	5:30pm 5:31pm
SUB TEST	.00	5:32pm
AIR BLK	.00	5:33pm
SUB TEST	.00	5:34pm
AIR BLK	.00	5:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 982

Test Date: 01/23/2012

Test Time: 5:37pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:37pm 5:37pm
FC	Pass	5:3.7pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:37pm
SRC	Pass	5:37pm
DET	Pass	5:37pm
BAR	Pass	5:37pm
BT	Pass	5:37pm

Blank Tests

Test	Status	Time
AIR	Pass	5:38pt

Printer Tests

Test	Status	Time
PRNT	Pass	5:38pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:38pm
CAL	Pass	5:38pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ca	
Instrument Seri	al No. 008803 Lenoir, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 25 day of January, 20/2 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CHE STATE OF THE S	CAROLINA .

CALDWELL COUNTY CALDWELL COUNTY JAIL
130

Serial Number: 008803 Test Date: 01/23/2012

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124202 Exp Date: 08/30/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	5:34pm 5:34pm 5:35pm
AIR BLK	.00	5:36pm
SUB TEST	.00	5:36pm
AIR BLK	.00	5:37pm
SUB TEST	.00	5:39pm
AIR BLK	.00	5:40pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 277
Test Time: 5:41pm EST

Test Date: 01/23/2012 Test Time: 5:41pm

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:42pm
FLO	Pass	5:42pm
FC	Pass	5:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:42pm
SRC	Pass	5:42pm
DET	Pass	5:42pm
BAR	Pass	5:42pm
BT	Pass	5:42pm

Blank Tests

Test	Status	Time
ATR	Pass	5:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:42pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:43pm
CAL	Pass	5:43pm

Preventive Maintenance Status: Pass

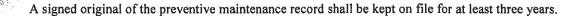
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Char Ben (Ben) Instrument Location But Mois 16 hor, T
Instrume	nt Serial No. OSE
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	that on the
CREAT SCR	TATE OF VODE

Signature of Certifying Official

Certificate Number



CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008600 Test Date: 01/13/2012 Test Record Number: 914
Test Time: 10:58pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:58pm
FLO	Pass	10:58pm
FC	Pass	10:58pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:58pm
SRC	Pass	10:58pm
DET	Pass	10:58pm
BAR	Pass	10:58pm
BT	Pass	10:58pm

Blank Tests

Test	Status	Time
AIR	Pass	10:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:59pm
	CRC Tests	
To a t	Ctatuc	Time

Test	Status	Time
COMP	Pass	10:59pm
CAL	Pass	10:59pm

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY BAT MOBILE UNIT 5 250

Serial Number: 008600 Test Date: 01/13/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	10:47pm 10:48pm 10:48pm 10:49pm 10:51pm 10:52pm
SUB TEST	.00	10:53pm
AIR BLK	.00	10:54pm

Reported AC; .00 g/2101

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mit	chell	Instrument Location_	Spiuce	Pine PD
Instrument Seria	al No. <u>008726</u>		Spruce	Dine, NC
The preventive r four months are:	maintenance procedures for the Into	ximeters, Model Intox	EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degrees		alcoholic breath	simulator thermometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sampl	e;	
7.	When "PLEASE BLOW" appear	s, collect breath sampl	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.	er is being changed bef ed every four months o	Fore expiration da or after 125 Alcol	ate, or the alcoholic breath holic Breath Simulator tests,
procedures were	the <u>/2</u> day of <u>Jon vo</u> e performed on the instrument indicated Health and Human Services, and the	ated above, in accorda	nce with current	oing preventive maintenance regulations of the N.C.
CTATE	5h.			
3 PA STATE OF THE	NO.			
Sur Park	S CARD			
* ESE GLAM VIDEA			The transport of the property was a supplied to the property of the property o	649
	Signat	ure of Certifying Offic	cial	Certificate Number

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Date: 01/12/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG002704 Exp Date: 01/27/2012

Test	g/210L	Time
DIAG	Pass	4:35pm
AIR BLK	.00	4:36pm
ACCY CHK	.08	4:36pm
AIR BLK	.00	4:37pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm
SUB TEST	.00	4:40pm
AIR BLK	.00	4:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

MITCHELL COUNTY SPRUCE PINE PD 600

Serial Number: 008726 Test Record Number: 496
Test Date: 01/12/2012 Test Time: 4:42pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:43pm 4:43pm
FC	Pass	4:43pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:43pm
SRC	Pass	4:43pm
DET	Pass	4:43pm
BAR	Pass	4:43pm
BT	Pass	4:43pm

Blank Tests

Test	Status	Time
AIR	Pass	4:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:43pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	4:44pm 4:44pm

Preventive Maintenance Status: Pass

Analyst Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_B	urke	ŕ	ion Morganton	DPS
Instrument Se	erial No. <u>00 8904</u>	·	ion Morganton Morganton	NC
The preventive four months a	ve maintenance procedures for the are:	e Intoximeters, Model In	ntox EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or degree centigrade;	the alcoholic breath simu	ulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sa	ample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sa	ample;	
8.	Print test record;		· · · · · · · · · · · · · · · · · · ·	
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas c simulator solution is being c whichever occurs first.	anister is being change changed every four mon	d before expiration date, ths or after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
I certify that procedures v	on the /// day of were performed on the instrument of Health and Human Services, an	indicated above, in accord the instrument is fun	_ 20 the forgoing ordance with current regulationing properly.	g preventive maintenance ulations of the N.C.
THE STAT	E or	e er		
GREATS	S AR CAR			
APRIL 12. Y	TO THE PROPERTY OF THE PROPERT		The second secon	649
		Signature of Certifying	Official	Certificate Number

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Date: 01/10/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG	Pass	2:59pm
AIR BLK	.00	3:00pm
ACCY CHK	.08	3:01pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:03pm
AIR BLK	.00	3:04pm
SUB TEST	.00	3:05pm
ATR RIK	0.0	3 · 06pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY MORGANTON DPS 110

Serial Number: 008904 Test Record Number: 739

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:11pm
FLO	Pass	3:11pm
FC	Pass	3:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:11pm
SRC	Pass	3:11pm
DET	Pass	3:11pm
BAR	Pass	3:11pm
BT	Pass	3:11pm

Blank Tests

Test	Status	Time
AIR	Pass	3:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:12pm
	CRC Tests	4
Test	Status	Time
COMP CAL	Pass Pass	3:12pm 3:12pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	NASH	Instrument Location	NASH	Co. JAIL
Instrumen	t Serial No. <u>008630</u>	NASHVIlle	= , NC	
The prever	ntive maintenance procedures for the I	ntoximeters, Model Intox E	C/IR II to be fo	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath s	simulator thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	! ;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; as	nd .		
10.	Verify that the ethanol gas car simulator solution is being chawhichever occurs first.			
I certify the procedure Department	nat on the day of day of day of the swere performed on the instrument in the of Health and Human Services, and	dicated above, in accordance the instrument is functionin	the forgo e with current g properly.	oing preventive maintenance regulations of the N.C.
COREAT SECTION OF SEC	TATE OF NO GIAN CAROLINA			
* ESE QU		nature of Certifying Officia	1	652 Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

DHHS 4080 (11/07)

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 01/18/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:36am 10:37am 10:38am 10:39am 10:40am
AIR BLK	.00	10:41am
SUB TEST	.00	10:42am
AIR BLK	.00	10:43am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY NASH COUNTY JAIL 630

Serial Number: 008630 Test Date: 01/18/2012 Test Record Number: 2323
Test Time: 10:44am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:44am 10:44am
FC	Pass	10:44am

Temperature Tests

Test	Status	Time
FC1	Pass	10:44am
SRC	Pass	10:44am
DET	Pass	10:44am
BAR	Pass	10:44am
BT.	Pass	10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:45am

Printer Tests

Test	Status	Time
PRNT	Pass	10:45am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:45am 10:45am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JASH	Instrument Location fee	KY MOUNT	P.D
Instrument S	Serial No	1 GOVERNENT	PIAZA	ROCKY MOL
				[V].
The prevent four months	tive maintenance procedures for the Into s are:	ximeters, Model Intox EC/IR	II to be followed	d at least once every
1.	Verify the ethanol gas canister dis 34 degrees, plus or minus .2 degre		lic breath simula	tor thermometer shows
2.	Verify instrument displays time a	nd date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	s, collect breath sample;		
7.	When "PLEASE BLOW" appear	s, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program, and			
10.	Verify that the ethanol gas caniste simulator solution is being change whichever occurs first.			
I certify that procedures v Department	t on the day of	ted above, in accordance wit instrument is functioning pro	the forgoing pr h current regulat operly.	eventive maintenance ions of the N.C.
STATE OF STA	THE CAROLINA INDICATE OF THE PARTY OF THE PA	ne of Certifying Official		650 ortificate Number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741 Test Date: 01/18/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:08pm 12:09pm 12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008741

Test Record Number: 942

Test Date: 01/18/2012

Test Time: 12:17pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:18pm 12:18pm
DET	Pass Pass	12:18pm
BAR	Pass	12:18pm
\mathtt{BT}	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County N	MSH	Instrument Location		1 MOUNT	P.D.
Instrument Se	rial No. <u>008740</u>	#1 GOVE	LHENT P	LAZA R	<u>ary M</u>
The preventiv	e maintenance procedures for the I	ntoximeters, Model Intox	EC/IR II to be f	ollowed at least	once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		alcoholic breath	simulator thermo	ometer shows
2.	Verify instrument displays tim	ne and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	1;			W
5,	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	pears, collect breath sampl	le;		
7.	When "PLEASE BLOW" app	ears, collect breath sampi	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; ar	nd			
10.	Verify that the ethanol gas can simulator solution is being chawhichever occurs first.				
I certify that of procedures we Department o	on the day of And ere performed on the instrument in f Health and Human Services, and	dicated above, in accordathe instrument is function	the forgonce with current aing properly.	oing preventive regulations of th	maintenance ne N.C.
Account to	hr.				
CREAT SET TO THE STATE OF THE S	S COUNTY CAROLINA				
* ESSE QUAM VID	W	DANKE		650	N
	Sig	hature of Certifying Offic	nai	Certificate 1	number

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740 Test Date: 01/18/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG104101 Exp Date: 02/10/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .07 .00 .00 .00	12:03pm 12:04pm 12:05pm 12:06pm 12:06pm 12:07pm 12:09pm
AIR BLK	.00	12:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

NASH COUNTY ROCKY MOUNT PD 630

Serial Number: 008740

Test Record Number: 349

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:12pm 12:12pm
FLO	Pass	
FC	Pass	12:12pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:12pm
SRC	Pass	12:12pm
DET	Pass	12:12pm
BAR	Pass	12:12pm
BT	Pass	12:12pm

Blank Tests

Test	Status	Time

AIR 12:13pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	12:13pm

CRC Tests

Test	Status	Time
COMP	Pass	12:13pm
CAL	Pass	12:13pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 1	INTOXIMETERS, MODEL INTOX EC/IR II
County Ho	oke Instrument Location Hoke County Detervalor
Instrument Se	rial No. 008855 Rareford NC
The preventiv	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the 12 day of Javoury, 2012 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Total Carlot Car

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855

Test Record Number: 642

Test Date: 01/12/2012

Test Time: 9:57am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57am
FLO	Pass	9:57am
FC	Pass	9:57am

Temperature Tests

Test	Status	Time
FC1	Pass	9:58am
SRC	Pass	9:58am
DET	Pass	9:58am
BAR	Pass	9:58am
BT	Pass	9:58am

Blank Tests

Test	Status	Time

AIR Pass 9:58am

Printer Tests

Test	Status	Time

PRNT Pass 9:58am

CRC Tests

Test	Status	Time
an	T)	0 50

COMP Pass 9:58am CAL Pass 9:58am

Preventive Maintenance Status: Pass

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 01/12/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DT10	D	0 50
DIAG	Pass	9:50am
AIR BLK	.00	9:51am
ACCY CHK	.08	9:51am
AIR BLK	.00	9:52am
SUB TEST	.00	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:55am
ATR BLK	0.0	9:56am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Laui Mas U 16
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	MOORE Instrument Location MOORE Co. JAIL
Instrument Se	rial No. DOB735 CARTHAGE, NC
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the <u>09</u> day of <u>JANUARY</u> , 20 <u>12</u> the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
THE STATE THE STATE OF THE STAT	CARD CONTRACTOR OF THE PROPERTY OF THE PROPERT

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 01/09/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG106703 Exp Date: 03/08/2013

Test	g/210L	Time
DIAG	Pass	4:32pm
AIR BLK	.00	4:33pm
ACCY CHK	.07	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:38pm
AIR BLK	.00	4:39pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 995

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:40pm
FLO	Pass	4:40pm
FC	Pass	4:40pm

Temperature Tests

Status	Time
Pass	4:40pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

4:41pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	4:41pm

CRC Tests

CICC ICDOD		
Test	Status	Time
COMP CAL	Pass Pass	4:41pm 4:41pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	MOORE Instrument Location Published BLICE JE
County	Instrument Location / SOOINS POLICE SE
Instrument Se	rial No. 008728 Robbins NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the OG day of JANUARY, 20 12 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROL

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728

Test Record Number: 204

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:31pm 2:31pm
FC	Pass	2:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
BT	Pass	2:31pm

Blank Tests

Test Sta	tus Time
----------	----------

2:32pm AIR Pass

Printer Tests

Test	Status	Time

PRNT Pass 2:32pm

CRC Tests

Test	Status	Time
1000	Deacab	1 11110

2:32pm COMP Pass CAL Pass 2:32pm

Preventive Maintenance Status: Pass

MOORE COUNTY ROBBINS PD 620

Serial Number: 008728 Test Date: 01/09/2012

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H Permit Number: 06108E Effective: 09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG023702 Exp Date: 08/25/2012

Test	g/210L	Time
DIAG AIR BLK	Pass	2:23pm 2:24pm
ACCY CHK	.08	2:24pm 2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST AIR BLK	.00 .00	2:29pm 2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON Instrument Location ANSON CO. Sherriffs OFFICE
Instrument Seri	al No. 008597 WADESBORD NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
OTHE STATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFIC	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 01/09/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	10:56am 10:57am
ACCY CHK	.08	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:02am
AIR BLK	.00	11:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

O Analyst

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Record Number: 683 Test Date: 01/09/2012 Test Time: 11:06am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:07am
FLO	Pass	11:07am
FC	Pass	11:07am

Temperature Tests

Test	Status	Time
FC1	Pass	11:07am
SRC	Pass	11:07am
DET	Pass	11:07am
BAR	Pass	11:07am
BT	Pass	11:07am

Blank Tests

Test	Status	Time
AIR	Pass	11:08am

Printer Tests

Test	Status	Time
PRNT	Pass	11:08am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:08am 11:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATIVETE	RS, MODEL INTOX EC/IR II
County	INSON	Instrument Location ANSON Co. Sheriffs Office
Instrument Ser	ial No. <u>00 8739</u>	WADES BORD NC
The preventive four months ar		atoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer shows gree centigrade;
2.	Verify instrument displays time	and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" appe	ears, collect breath sample;
7.	When "PLEASE BLOW" appe	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	.
10.		ster is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
I certify that or procedures we Department of	n the <u>09</u> day of <u>Jr</u> re performed on the instrument ind Health and Human Services, and t	NUARY, 20 12 the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. he instrument is functioning properly.
OF THE STATE OF THE OWN TO THE OW	NORTH CAROLING CONTRACTOR OF THE CAROLING CONTRA	nature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 01/09/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 06108E
Effective:
09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:45am 10:46am 10:47am 10:47am 10:48am 10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Record Number: 141
Test Date: 01/09/2012 Test Time: 10:52am EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53am
FLO	Pass	10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time
AIR	Pass	10:54am

Printer Tests

Test	Status	Time
PRNT	Pass	10:54am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:54am 10:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

A STATE OF THE STA	INTOXIMETERS, MODEL INTOX EC/IR	
County 5	Instrument Location UNC-G	rreensboro_
Instrument Seri	al No.008604 Police Depar	TMent_
	•	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath si 34 degrees, plus or minus .2 degree centigrade;	mulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	·
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcohowhichever occurs first.	e, or the alcoholic breath blic Breath Simulator tests,
I certify that or procedures we Department of	the	ng preventive maintenance gulations of the N.C.
STATE ON THE STATE OF THE STATE	CAROLL 3	642 Certificate Number

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

06/01/2011-06/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG125603 Exp Date: 09/13/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	12:57pm 12:57pm 12:58pm 12:59pm 1:00pm 1:01pm
SUB TEST	.00	1:02pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GUILFORD COUNTY UNC-G POLICE DEPT 400

Serial Number: 008604 Test Record Number: 1066

Test Date: 01/04/2012 Test Time: 1:14pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:14pm
FLO	Pass	1:14pm
FC	Pass	1:15pm

Temperature Tests

Test	Status	Time	
FC1	Pass	1:15pm	
SRC	Pass	1:15pm	
DET	Pass	1:15pm	
BAR	Pass	1:15pm	
BT	Pass	1:15pm	

Blank Tests

Test	Status	Time	
AIR	Pass	1:15pm	

Printer Tests

Test	Status	Time
PRNT	Pass	1:15pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:16pm

1:16pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ABARRUS	Instrument Location 3	ATMOBILE	UNIT
Instrument Seri	al No. <u>008647</u>		ATMOBILE ODCORD, DO	<u> </u>
The preventive four months are	maintenance procedures for the In	toximeters, Model Intox EC/I	R II to be followed at lea	st once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		olic breath simulator ther	mometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;	'		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath sample;		
7.	When "PLEASE BLOW" appe	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	1		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before e aged every four months or afte	xpiration date, or the alcor 125 Alcoholic Breath S	oholic breath Simulator tests,
I certify that on procedures wer Department of	the day of Jay of Health and Human Services, and the	icated above, in accordance whe instrument is functioning p	ith current regulations of	ve maintenance f the N.C.
STATE OF THE STATE OF THE CORE AT THE CORE	Columnia Columnia	Ray Bens	64	& Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Date: 01/06/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

10/01/2011-10/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG011703 Exp Date: 04/27/2012

Test	g/210L	Time
DIAG	Pass	9:54pm
the state of the s		
AIR BLK	.00	9:55pm
ACCY CHK	.07	9:56pm
AIR BLK	.00	9:56pm
SUB TEST	.00	9:57pm
AIR BLK	.00	9:58pm
SUB TEST	.00	10:00pm
AIR BLK	.00	10:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

alun Ray Bons
Analyst

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008647 Test Record Number: 1276
Test Date: 01/06/2012 Test Time: 10:01pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:01pm 10:01pm
FC	Pass	10:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:02pm
SRC	Pass	10:02pm
DET	Pass	10:02pm
BAR	Pass	10:02pm
BT	Pass	10:02pm

Blank Tests

Test	Status	Time
AIR	Pass	10:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass Pass	10:02pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CABARRUS	Instrument Location BAT MOBILE UNIT 3
Instrument	Serial No. <u>008707</u>	Instrument Location BAT MOBILE UNIT 3 CONCORD, NC
The prevent		ne Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breath simulator thermometer shows degree centigrade;
2.	Verify instrument displays t	time and date;
3.	Initiate breath test sequence	
4.	Enter information as promp	ted;
5.	Verify instrument accuracy;	•
6.	When "PLEASE BLOW" a	appears, collect breath sample;
7.	When "PLEASE BLOW" a	appears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program;	; and
10.	Verify that the ethanol gas of simulator solution is being of whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
procedures	at on the day of	JAN, 2012 the forgoing preventive maintenance tindicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
CO SEC A SEC	ATE OF NO PLAN TO PARTY TO PAR	Ray Bens 648 Signature of Certifying Official Certificate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707 Test Date: 01/06/2012

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective: 10/01/2011-10/01/2013

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG108203 Exp Date: 03/23/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	9:51pm 9:53pm 9:53pm 9:54pm
SUB TEST AIR BLK	.00	9:54pm 9:55pm
SUB TEST AIR BLK	.00	9:57pm 9:58pm
		T

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008707

Test Record Number: 1329

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:59pm
FLO	Pass	9:59pm
FC	Pass	9:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:59pm
SRC	Pass	9:59pm
DET	Pass	9:59pm
BAR	Pass	9:59pm
BT	Pass	9:59pm

Blank Tests

AIR 10:00pm Pass

Printer Tests

rest	Status	Time	

PRNT Pass 10:00pm

CRC Tests

Test	Status	Time
COMP CAL	Pass Pass	10:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	ABARRUS	Instrument Location	BAT MOBILE	UNIT 3
Instrument S	erial No. <u>008616</u>		CONCORD, N	<u>C</u>
The preventi four months	ve maintenance procedures for the I	Intoximeters, Model Intox	ς EC/IR II to be followed at	least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the egree centigrade;	alcoholic breath simulator	thermometer shows
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	Enter information as prompted;		
5.	Verify instrument accuracy;			
6,	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" app	pears, collect breath samp	ile;	
8.	Print test record;	•		
9.	Verify Diagnostic Program; as	nd		
10.	Verify that the ethanol gas car simulator solution is being cha whichever occurs first.	nister is being changed be anged every four months	efore expiration date, or the or after 125 Alcoholic Brea	alcoholic breath th Simulator tests,
I certify that procedures v Department	on the <u>6</u> day of <u>5</u> were performed on the instrument in of Health and Human Services, and	idicated above, in accorda	the forgoing prevented the forgoing prevented the forgoing prevented the forgoing properly.	entive maintenance is of the N.C.
TATE QUEAT	al al	- Ray B		·48
	Sig	gnature of Certifying Off	icial Certi	ficate Number

CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Date: 01/06/2012

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:
10/01/2011-10/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG023601 Exp Date: 08/24/2012

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	9:49pm 9:50pm 9:50pm 9:51pm 9:52pm 9:53pm 9:55pm
AIR BLK	.00	9:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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CABARRUS COUNTY BAT MOBILE UNIT 3 120

Serial Number: 008616 Test Record Number: 1250
Test Date: 01/06/2012 Test Time: 9:56pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:57pm
FLO	Pass	9:57pm
FC	Pass	9:57pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	9:57pm 9:57pm 9:57pm 9:57pm 9:57pm

Blank Tests

Test	Status	Time
AIR	Pass	9:58pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:58pm
	CRC Tests	* .
Test	Status	Time
COMP	Pass	9:58pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cur	Normand Instrument Location Cumberland Co. Dedrich
Instrument Seria	INO. CO 8672 Fayetteville NC
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the day of day o
STATE OF THE STATE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 2707
Test Date: 01/04/2012 Test Time: 12:26pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:27pm 12:27pm
FC	Pass	12:27pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:27pm
SRC	Pas s	12:27pm
DET	Pass	12:27pm
BAR	Pass	12:27pm
BT [']	Pass	12:27pm

Blank Tests

Test	Status	Time
AIR	Pass	12:27pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:28pm

12:28pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG	Pass	12:17pm
AIR BLK	.00	12:18pm
ACCY CHK AIR BLK	.08	12:19pm 12:20pm
SUB TEST	.00	12:20pm
AIR BLK	.00	12:21pm
SUB TEST	.00	12:24pm
ATR BIK	. 00	12:25pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu	Mberland Instrument Location Cumberland Co. Deterrit
Instrument Seri	al No. 008632 Fayetteville NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the
CONTROL STATE OF THE CONTROL OF THE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 1814

Test Date: 01/04/2012

Test Time: 12:25pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:25pm
FLO	Pass	12:25pm
FC	Pass	12:26pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:26pm 12:26pm 12:26pm 12:26pm 12:26pm
		_

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:26pm

Preventive Maintenance Status: Pass

Pass

12:26pm

CAL

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 01/04/2012

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T Permit Number: 21535E Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG124903 Exp Date: 09/06/2013

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:15pm 12:16pm 12:17pm
AIR BLK	.00	12:17pm
SUB TEST	.00	12:19pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:21pm
AIR BLK	.00	12:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cu-	mbortand Instrument Location Currebortand Co Dodon
Instrument Seri	ial No. 608614 tayothevillo NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
	the Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE CHANGE OF THE	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 01/04/2012 Test Record Number: 1757 Test Time: 12:19pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:20pm
FLO	Pass	12:20pm
FC	Pass	12:20pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:20pm
SRC	Pass	12:20pm
DET	Pass	12:20pm
BAR	Pass	12:20pm
BT	Pass	12:20pm

Blank Tests

Test	Status	Time
AIR	Pass	12:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:21pm
CAL	Pass	12:21pm

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG AIR BLK	Pass	12:06pm
ACCY CHK	.00	12:07pm 12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:13pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

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Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Cu</u>	mberland	Instrument Location Carry box	land Co. Detrophore
Instrument S	erial No. <u>00 8633</u>	Fayetheville NC	•
The prevention four months	ve maintenance procedures for the Intere:	toximeters, Model Intox EC/IR II to	be followed at least once every
,1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic bre tree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration ged every four months or after 125 A	
I certify that procedures w Department of	on theday ofcv ere performed on the instrument indi if Health and Human Services, and th	cated above, in accordance with curr ie instrument is functioning properly	orgoing preventive maintenance ent regulations of the N.C.
STATE STATE OF THE	O ROUNT CAROLINA		651
	Signa	ature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Record Number: 1868
Test Date: 01/04/2012 Test Time: 12:13pm EST

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:14pm
SRC	Pass	12:14pm
DET	Pass	12:14pm
BAR	Pass	12:14pm
BT	Pass	12:14pm

Blank Tests

Test	Status	Time
AIR	Pass	12:14pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:14pm

CRC Tests

Test	Status	Time
COMP	Pass	12:15pm
CAL	Pass	12:15pm

Preventive Maintenance Status: Pass

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 01/04/2012

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: TRUDELL, SR., DANIEL T

Permit Number: 21535E

Effective:

09/01/2011-09/01/2013

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG123502 Exp Date: 08/23/2013

Test	g/210L	Time
DIAG	Pass	12:04pm
AIR BLK	.00	12:05pm
ACCY CHK	.07	12:06pm
AIR BLK	0.0	12:07pm
SUB TEST	.00	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR